

# APPLICATION FOR KING COUNTY BOARD/COMMISSION APPOINTMENTS

(Please attach resume if available)

Board/Commission for which you are applying: §504/ADA ADVISORY COMMITTEE

Name:

Phone: (Home)

(Work)

*Please indicate preferred mailing address with an asterisk (\*).*

Business address:

Home address:

E-mail address:

Education (names of high school or college/university, year graduated, degrees):

Professional licenses held (if applicable to this Advisory Committee):

Present employment (job title):

Date of employment:

Employer (including address):

**King County Council District:**

**Memberships on any City or County boards or commissions, and dates of term(s) served:**

**Please explain why you would like to serve on the §504/ADA Advisory Committee (include an outline of your past experience with disability issues:**

**How did you learn of the Advisory Committee?**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **AFFIRMATIVE ACTION PROGRAM & PERSONAL INFORMATION**

### **This section is voluntary and optional**

**The King County Executive seeks a diverse representation on boards and commissions. Information in this section will assist us to achieve this goal.**

\_\_\_\_\_ **African American**

\_\_\_\_\_ **Asian**

\_\_\_\_\_ **Hispanic**

\_\_\_\_\_ **Native American**

\_\_\_\_\_ **White**

\_\_\_\_\_ **Other**

\_\_\_\_\_ **Sex (M/F)**

\_\_\_\_\_ **Disability (Yes/No)** \_\_\_\_\_ **Date of Birth**

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### **SEND COMPLETED APPLICATION TO:**

**Paula Harris-White, Administrator  
King County 504/ADA Advisory Committee  
Yesler Building, Suite 260  
400 Yesler Way  
Seattle, WA 98104-2683  
206-296-8610, TTY 206-296-7596**

**Please call if you need assistance to complete this form.  
This form is available in alternate formats upon request.**